VZCZCXRO5406 PP RUEHMA RUEHPA DE RUEHDK #0566/01 1361613 ZNR UUUUU ZZH P 151613Z MAY 08 FM AMEMBASSY DAKAR TO RUEHC/SECSTATE WASHDC PRIORITY 0491 INFO RUEHZK/ECOWAS COLLECTIVE RUEHNJ/AMEMBASSY NDJAMENA RUEHSA/AMEMBASSY PRETORIA 2244 RUEHNR/AMEMBASSY NAIROBI 1294 RUEHRN/USMISSION UN ROME RUEHBS/USEU BRUSSELS RUEHGV/USMISSION GENEVA 0833 RHMFIUU/HQ USEUCOM VAIHINGEN GE RHEHNSC/NSC WASHDC RUEHPH/CDC ATLANTA

UNCLAS SECTION 01 OF 04 DAKAR 000566

SIPDIS

STATE FOR AF/W, AF/EPS, EEP/TPP/ABT/ATP
STATE FOR PRM, IO, CRS
STATE ALSO PASS TO USAID/W
USAID/W FOR AFR/AA, DCHA/AA, DCHA/FFP, DCHA/CMM,
DCHA/OTI, DCHA/DG, AFR/WA
USAID/DCHA FOR JDWORKEN, CLAURENT, CHUGHES,
DSKORIC, PMORRIS, CABLA, SROGERS, TMCRAE
AFR/WA FOR NFREEMAN
ACCRA FOR HPATRICK, FAWANTANG, MKNIGHT
NAIROBI FOR OFDA/ECARO RDRAPCHO
PRETORIA FOR PDISKIN
ABIDJAN FOR PRM
BRUSSELS FOR USAID
GENEVA FOR RMA
ROME FOR FODAG

E.O. 12958: N/A

TAGS: EAID PREL WFP SOCI NG EAGR MR ECON ETRD, EFIN, PGOV, SG SUBJECT: CAMEROON REGIONAL FOOD FOR PEACE OFFICER TRIP REPORT

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Dakar-based Regional Food for ¶1. Summary: Peace Officer (RFFPO) traveled to Cameroon from March 31 to April 11, 2008 to assess progress of the humanitarian programs and the living conditions of Central African Republic (CAR) and Chadian refugees in the country. Visits to various refugee sites and discussions with partners revealed that refugees in Cameroon, particularly CAR refugees in the East and Northern Provinces, are getting inadequate humanitarian assistance. Because of significant funding problems, very few humanitarian organizations are present in the field. The UN World Food Program faces frequent pipeline breaks and mainly operates on commodities borrowed from its programs in neighboring countries. Most CAR refugees reside in remote sites scattered over 50,000 square kilometers and many of them are receiving insufficient services such as health care, education, and water/sanitation. As a result, malnutrition is high among CAR refugees and many are suffering from preventable diseases such as konzo--a crippling disease caused by prolonged consumption of unprocessed red cassava. improve the living conditions of the refugees and avert a further deterioration of their situation, donors including relevant USG agencies are encouraged to increase contributions to humanitarian operations in Cameroon. End summary.

- 12. A Senegal-based Regional Food for Peace Officer (RFFPO) traveled to Cameroon from March 31 to April 11, 2008 to assess progress of humanitarian programs and the living conditions of refugees from the Central African Republic (CAR) and Chad. During his mission, the RFFPO met with partners and colleagues associated with humanitarian operations in Cameroon as well as those working in Chad and CAR. He met with counterparts from the US Embassy in Yaounde and representatives of United Nations agencies such as the World Food Program (WFP), the UN High Commissioner for Refugees (UNHCR), and the Food and Agriculture Organization (FAO) as well as Non-governmental Organization staff, regional authorities representing the Government of Cameroon, and community groups representing the Chadian and CAR refugees. In addition, the RFFPO visited CAR/Chadian refugee sites, feeding/health centers, and WFP warehouses in the Eastern, Adamaoua and Extreme North (areas bordering CAR and Chad) provinces and witnessed provision of food and medical assistance to refugees and local populations.
- 13. According to UNHCR and WFP records, a total of 57,200 refugees are currently officially registered in Cameroon. However, new refugees continue to arrive on a daily basis, particularly from CAR. The majority of the registered refugees (48,000) are from the CAR and the rest (9,200) are from Chad. The Chadian refugees—most of whom were displaced by the February 2008 rebel attacks in

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Ndjamena (Chadian capital)—are currently residing in a transit camp (Maltam) 32 km from the border. The camp in Maltam is fully equipped with humanitarian personnel and services such as food, water, and health care. In May 2008, these refugees will be moved to a more permanent site near the city of Garoua—a camp over 500 km from Cameroon/Chad border which was built for Rwandan refugees in the mid 1990s.

14. The CAR refugees, on the other hand, are living along the Cameroon/CAR border, in 73 sites scattered over a 50,000 square km area in various districts of Adamaoua, East, North and Central Provinces. The majority of these CAR refugees are livestock herders of Peulh ethnicity (also known as Mbororo). Victimized by bandits, rebels, and government forces and having lost most of their livestock, these refugees have been continually fleeing to Cameroon since 2005. Overall, CAR refugees are not concentrated in distinct and officially recognized refugee camps, which have made it difficult to assist them. Because of inadequate funding, only a few of the humanitarian organizations (WFP, UNHCR and Doctors without Borders) are currently assisting the CAR refugees. As a result, many CAR refugees are suffering from chronic malnutrition and easily preventable diseases. For example, the RFFPO observed many refugees who were suffering from a debilitating disease known as Konzo, caused by eating unprocessed red cassava which contains cyanide. The disease, once it sets in, is irreversible and those infected--mainly children above 3 years of age and young women of childbearing ages--remain crippled for life. During a visit to a health center operated by Doctors without Borders near the CAR/Cameroon border, RFFPO observed 70 Konzo patients (all of them CAR refugees) being rehabilitated. The disease has been observed only in CAR refugees, particularly those in Eastern Province of Cameroon, and so far over 200 konzo cases have been identified in refugee sites. (Note: However, since Doctors without Borders staff were not able to reach many of the refugee sites that were scattered over 50,000 square kilometers, the number of Konzo patients among the CAR population in Eastern Cameroon might be much higher. End Note.)

¶5. A May 2007 nutritional survey of CAR refugees in Cameroon conducted by UNICEF showed a 17.2% global acute malnutrition rate—a rate well above the "critical 15%" level as defined by the World Health Organization—and 3.5% for severe wasting. A September 2007 follow up study conducted by Doctors without Borders also found 15.1% and 4.3% of the CAR refugees suffered from global acute malnutrition and wasting respectively. The latest Joint Needs Assessment survey conducted in November 2007 by UNICEF, WFP, UNHCR, FAO, and Doctors without Borders also confirmed that the food security and nutritional status of the CAR refugees remained quite alarming. Since most of the CAR refugees are pastoralist, very few of them

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can use gardening to diversify or improve their diet. According to information provided by the UNICEF, many CAR refugees used to make significant household incomes from cutting and selling firewood. But they lost this source of revenue after the Department of Forestry stopped the activity for environmental protection reasons.

- $\underline{\P}6.$ Since the arrival of the Chadians in February 2008, the refugee caseload (CAR and Chadian refugees) in Cameroon is covered under WFP's Emergency Operational Plan (EMOP) #10735.0. Food needs of this refugee caseload are estimated at about 1,800 MT/month. However, according to WFP, only a fraction of the requirements are received. Although many of the CAR refugees have been in Eastern Cameroon since 2005, food distribution by WFP started only in August 2007. Since then, due to frequent pipeline breaks, refugees continue to receive food either on a less frequent basis or below the recommended (2,100 kcal) ration levels. At the time of the RFFPO's visit to Eastern ${\sf N}$ Cameroon, about 14,000 CAR refugees were scheduled to receive their monthly (March) rations which were estimated at 215 MT. Most of the food being distributed was borrowed from WFP's programs within the country, neighboring countries (Chad and CAR) or purchased with loans from the Urn's Central Emergency Response Fund (CERF). Although April food distribution was less than two weeks away, WFP had only 19 MT on hand out of the 1,600 MT required for the month.
- 17. Because of its capacity to produce enough surpluses, WFP was able in the past to purchase important commodities such as sorghum, maize and beans from Cameroon. Traditionally, WFP purchased its food needs after harvest (e.g. January February) when the prices were lower. However, with the prices of commodities having doubled as compared to last year and with no signs of commodity prices coming down, WFP has had to suspend its planned food purchases. The soaring food prices have significantly increased the levels of food insecurity among many Cameroonian households, particularly households in urban areas and across most of the population in the more arid Northern Provinces. For example, while assessing performance of WFP-funded community-operated

cereal banks in villages located in northern Cameroon, the mission was informed that, though normally paid during harvest, 90% of the loans made to members in 2007 had not been reimbursed.

RECOMMENDATIONS

18. Based on the RFFPO's own observations and information provided by UN and NGO staff, humanitarian assistance to CAR and Chadian refugees in Cameroon is extremely under-resources and in need of support. CAR refugees are particularly in need of assistance. To improve the living conditions of these destitute refugees

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the RFFPO recommends that:

- * WFP headquarter staff are encouraged to request donor funding of the new Cameroon Emergency Operational Plan (EMOP) #10735.0
- * UNHCR coordinate with its partners to regroup the CAR refugees into 2-3 camps so they can be better served;
- * Donors, including USG agencies such as OFDA and PRM contribute to the refugee program in * Cameroon; and
- * The Government of Cameroon assists and encourages the NGOs willing to establish offices in remote areas where CAR refugees are located.
 SMITH